## Reporting Form



			II.	VESTIGATION	ON DA	TA
ant's Information: Last:		First:		И Ca	ase#	
x:	of Birth/_Month	/ Day Yea	Age.		SS#	
Districts Districts		-	I!: / A I -	alaaa Niatii aa	7	is /I satisms
ce: White Black/African Am.		Islander L Ai	m. Indian/Ala	skan Native L	⊥ Hispan	ic/Latino L Other
ant's Primary Residence Address:			0.1			<del></del>
ddress cident Address:			City			_ Zip
Idressontact Information for Witness:			City			_ Zip
	Birth Mother	☐ Birth Fa		☐ Grandmot	ther	Grandfather
·	Physician	☐ Health		☐ Other:		
	•		M			
ome Address						
ace of Work		City		State		Zip
none (H)	Phone (W)	_		Date o	of Birth	
Are you the usual caregiver?  Tell me what happened:	Yes No			VITNESS IN		
Are you the usual caregiver?						
Are you the usual caregiver?  Tell me what happened:	or different about t	he infant in the				Describe:
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall	or different about t s or injury within th	he infant in the		□ No	☐ Yes	
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual	or different about t s or injury within th	he infant in the		☐ No	☐ Yes ☐ Yes ☐ :	Describe:
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall	or different about t s or injury within th CED?	the infant in the ne last 72 hrs?	last 24 hrs?	□ No	☐ Yes ☐ Yes ☐ :	Describe:     □     Describe:
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA	or different about t s or injury within th CED?	the infant in the ne last 72 hrs?	last 24 hrs?	☐ No ☐ No r Military	☐ Yes ☐ Yes :Time :	Describe:     □     Describe:
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA	or different about to sor injury within the CED?	the infant in the ne last 72 hrs? / Month  Month	last 24 hrs?  / Day Yea	☐ No ☐ No ☐ Military	☐ Yes ☐ Yes :Time :	Describe:      Describe:  Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant	or different about to sor injury within the CED?	the infant in the ne last 72 hrs? / Month  Month	last 24 hrs?  / Day Yea	No No Military	☐ Yes ☐ Yes :Time :Time	Describe:      Describe:  Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant	or different about t s or injury within th CED?	the infant in the ne last 72 hrs? / Month ? / Month /	last 24 hrs?  / Day Yea / Day Yea	No No Military	☐ Yes ☐ Yes :Time :Time	□ Describe:      □ Describe:      □ Location (room)      □ Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant FOUND?	or different about to sor injury within the CED?	the infant in the ne last 72 hrs? / Month ? / Month / Month	last 24 hrs?  / Day Yea / Day Yea	No No Military Military Military	☐ Yes ☐ Yes ☐ Time ☐ Time ☐ Time	□ Describe:      □ Describe:      □ Location (room)      □ Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant FOUND?  Explain how you knew the infant	or different about to sor injury within the CED?	the infant in the ne last 72 hrs?  / Month  ? / Month  / Month	Day Yea  / Day Yea / Day Yea e P, L, or F ir	No No Military Military Military	☐ Yes ☐ Yes :Time :Time :oriate res	□ Describe:      □ Describe:      □ Location (room)      □ Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant FOUND?  Explain how you knew the infant Where was the infant - (P)laced,	or different about to sor injury within the CED?	the infant in the ne last 72 hrs?  / Month  ? / Month  / Month	Day Yea  Day Yea  Day Yea  Pay Yea  Day Yea	No No Military Military Military Control of approp	☐ Yes ☐ Yes ☐ Time ☐ Time ☐ Time ☐ P L	□ Describe:     □ Describe:     □ Location (room)     □ Location (room)     □ Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant FOUND?  Explain how you knew the infant Where was the infant - (P)laced, P L F Bassinet	or different about to sor injury within the CED?	the infant in the ne last 72 hrs?  / Month  ? / Month  / Month  e, (F)ound (circleside co-sleeper	Day Yea  / Day Yea  / Day Yea  / Day Yea  / Day Yea	No No No Military Military Military Front of apprope Car seat Floor	☐ Yes ☐ Yes ☐ Time ☐ Time ☐ Time ☐ P L P L	□ Describe:      □ Describe:      □ Location (room)      □ Location (room)      □ Location (room)      □ Location (room)
Are you the usual caregiver?  Tell me what happened:  Did you notice anything unusual  Did the infant experience any fall  When was the infant LAST PLA  When was the infant FOUND?  Explain how you knew the infant  Where was the infant - (P)laced,  P L F Bassinet  P L F Cradle	or different about to sor injury within the CED?	the infant in the ne last 72 hrs?  / Month  ? / Month  / Month  e, (F)ound (circleside co-sleeper ress on floor	Day Yea  Day Yea  Day Yea  P L P L P L	No No No Military Military Military Front of apprope Car seat Floor	☐ Yes ☐ Yes ☐ Time ☐ Time ☐ P L P L	□ Describe:      □ Describe:      □ Location (room)      □ Location (room)      □ Location (room)      □ Location (room)

					WITNESS I	NTERVIEW	(cont.)	
10	In what position was the infant LAST PLACE Was this the infant's usual position?	ED? Yes	☐ Sitting	_	back		On stomach	Unknown
11	In what position was the infant <i>LKA</i> ? Was this the infant's usual position?	Yes	☐ Sitting		back		On stomach	Unknown
12	In what position was the infant Found? Was this the infant's usual position?	Yes	☐ Sitting	_	back	n side   ial position?	On stomach	Unknown
13	FACE position when LAST PLACED?	Face	down on	surface	☐ Face up	)	☐ Face right	☐ Face left
14	NECK position when LAST PLACED?	Нуре	erextended	(head bac	k) 🗌 Flexed	(chin to chest)	Neutral	Turned
15	FACE position when <i>LKA?</i>	Face	down on	surface	☐ Face up	)	☐ Face right	☐ Face left
16	NECK position when <i>LKA</i> ?	Нуре	erextended	(head bac	k) 🗌 Flexed	(chin to chest)	Neutral	Turned
17	FACE position when FOUND?	Face	down on	surface	☐ Face up	)	☐ Face right	☐ Face left
18	NECK position when FOUND?	Нуре	erextended	(head bac	k) 🗌 Flexed	(chin to chest)	Neutral	Turned
19	What was the infant wearing? (ex. t-shirt,	, disposa	ble diaper)					
20	Was the infant tightly wrapped or swad	Idled?		☐ No	☐ Yes ➡ De	escribe:		
21	Please indicate the types and numbers	-		ding both		•		
,	Bedding UNDER Infant N	None	Number		Bedding OVE	R Infant	None	Number
	Receiving blankets			-	Receiving blan	nkets		
	Infant/child blankets			_	Infant/child bla	ankets		
	Infant/child comforters (thick)	Ц.		_	Infant/child co	mforters (thick	)	
	Adult comforters/duvets	ᆜ .		_	Adult comforte	ers/duvets		
	Adult blankets	Ш.		_	Adult blankets	· · · · · · · · · · · · · · · · · · ·		
	Sheets			_	Sheets			
	Sheepskin			_	Pillows			
	Pillows			_	Rubber or pla	stic sheet		
	Rubber or plastic sheet			_	Other, specify	:		
	Other, specify:							
22		ating in Humidif		room? ′aporizer	☐ Air Purifier	Other		
23	What was the temperature of the infant's r	room?	_ H	lot	Cold	Normal	Other	
24	What was the infant's temperature?							
25	Which of the following items were near the Bumper pads		s face, nos sitional sup			animals 🗌 T	oys  Other	
26	Which of the following items were within the	he infan	t's reach?		Blanket	s 🔲 T	oys  Pillows	
	☐ Pacifier ☐ Nothing		☐ Ot	her				
27	Was anyone sleeping with the infant?		☐ No	1	☐ Yes 🖒	Name these	people.	
	Name	Age	Height	Weight	Location in Rel	ation to Infant	Impaired (intox	cicated, tired)
							<u> </u>	
28	Was there evidence of wedging?	☐ No			s ⇔ Discribe:			
29	When the infant was found, was s/he:		athing	_	t breathing			
	If not breathing, did you witness the infant		-	□ No		Yes		

What had led you to check on the infan	t?											
Describe infant's appearance when fou	nd.											
					Unknow	n No	Yes		escribe	and specif	y locat	ion:
a) Discoloration around face/nose/mouth								<b>⇒</b> —				
b) Secretions (foam, froth)								⇒				
c) Skin discoloration (livor mortis)								⇒				
d) Pressure marks (pale areas, blanching)	)							<sup>⇒</sup> —				
e) Rash or petechiae (small, red blood spo	ots on skir	n, memb	oranes,	or eyes)				<sup>⇒</sup> —				
f) Marks on body (scratches or bruises)								⇒				
g) Other								<b>⇒</b>				
What did the infant feel like when found  ☐ Sweaty		<i>all that</i> rm to to			Cool to	touch						
Limp, flexible	Rigi	id, stiff			Unknov	vn						
☐ Other ⇔Specify:												
Did anyone else other than EMS try to r	resuscitat	te the in	nfant?		No [	Yes	⇒Wh	o and	d when	?		
Who							/	/			:	
					_	Month	С	ay ay	Year	Milit	ary Tin	ne
Has the parent/caregiver ever had a chi	ild die su	ddenly	and un	expected	lly?	N	0 🗌	Yes ¤	⇒Expla	ain		_
Has the parent/caregiver ever had a chi	ild die su	ddenly	and un	expected	lly?	N	0 🗌	Yes ¤	⇒Expla	ain		
Has the parent/caregiver ever had a chi	ild die sud	ddenly	and un		lly?							
	ild die sud	ddenly		IN		MEDI	CAL	HIST		,		
	ild die sud		or _	IN	FANT	MEDI	CAL	HIST	TORY	,		
Source of medical information:  Mother/primary caregiver		_ Docto	or _	IN Other he	FANT	MEDI	CAL	HIST	TORY	,		
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the ir		☐ Docto☐ Fami	or _	IN Other he	FANT	MEDI	CAL	HIST	TORY	,	n No	Y
Source of medical information:  Mother/primary caregiver In the 72 hours prior to death, did the ir		☐ Docto☐ Fami	or	Other ho	<b>FANT</b> ealthcare	MEDI	CAL	HIST	TORY	record	n No	Y
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the ir the second se		☐ Docto☐ Fami	or	Other he Other:	<b>FANT</b> ealthcare	MEDI	CAL	HIST	TORY	record	n No	<b>Y</b>
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration of the second of the integral of the second of		☐ Docto☐ Fami	or	Other he Other:	FANT ealthcare	<b>MEDI</b>	CAL	HIST	TORY	record	n No	<b>Y</b> [
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the interprimary  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual		☐ Docto☐ Fami	or	Other he Other: Diarrhea Stool char	FANT ealthcare	MEDI e provid	<b>CAL</b>	HIST	TORY	record	n No	<b>Y</b> [
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration of the second of the integration of the second		☐ Docto☐ Fami	or	Other he Other:  Diarrhea Stool char Difficulty k	FANT ealthcare nges preathing topped b	MEDI e provid	CAL der	HIST	TORY	record	n No	<b>Y</b> (
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the ir  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite		☐ Docto☐ Fami	or	Other he Other:  Diarrhea Stool char Difficulty & Apnea (stools)	riges oreathing topped b	MEDI e provid	CAL der	HIST	TORY	record	n No	<b>Y</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, did the 72 hours prior to death,		☐ Docto☐ Fami	or	Other he Other:  Diarrhea Stool char Difficulty he Apnea (see Cyanosis Seizures	riges preathing topped b (turned l	MEDI e provid	CAL der	HIST	TORY	record	n No	<b>Y</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the interprimary caregiver  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking	nfant have	Docto	or	Other he Other:  Diarrhea Stool char Difficulty & Apnea (so Cyanosis Seizures Other, sp	nges oreathing topped b (turned	MEDI e provid preathin blue/gra	CAL der	HIST M	TORY edical ı	record  Unknow	n No	<b>Y</b> [] [] [] [] [] [] [] [] [] [] [] [] []
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the interprimary caregiver  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking	nfant have Unknown	Doctor	or	Other he Other:  Diarrhea Stool char Difficulty le Apnea (se Cyanosis Seizures Other, spe have an	rges preathing topped b (turned b or convecify:	MEDI e provid g oreathin blue/gra vulsions	CAL der	HIST	TORY edical ı	record  Unknow	n No	<b>Y</b> [
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Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the ir  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking In the 72 hours prior to death, was the i  No  Yes  Describe: In the 72 hours prior to the infants deat	nfant have Unknown	Doctor	or	Other he Other:  Diarrhea Stool char Difficulty & Apnea (so Cyanosis Seizures Other, spee have an any vacce	nges preathing topped b (turned   s or convecify: ny other	MEDI e provid preathin blue/gra vulsions condi	CAL der ag) ay) tion(s	HIST  Me	TORY edical i	record  Unknow	n No	<b>Y</b> [] [] [] [] [] [] [] [] [] [] [] [] []
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration of the following of the followin	nfant have Unknown	Doctor	or	Other he Other:  Diarrhea Stool char Difficulty & Apnea (so Cyanosis Seizures Other, spee have an any vacce	nges preathing topped b (turned   s or convecify: ny other	MEDI e provid preathin blue/gra vulsions condi	CAL der ag) ay) tion(s	HIST  Me	TORY edical i	record  Unknow	n No	<b>Y</b> [ ] [ ] [ ] [ ]
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the in  a) Fever b) Excessive sweating c) Lethargy or sleeping more than usual d) Fussiness or excessive crying e) Decrease in appetite f) Vomiting g) Choking In the 72 hours prior to death, was the i  No Yes ⇒ Describe: In the 72 hours prior to the infants deat (Please include any home remedies, herbal me  No Yes ⇒ List below	infant inju	Doctor	Yes   h)     j)     k)     n)     did s/he	Other he Other:  Diarrhea Stool char Difficulty & Apnea (s Cyanosis Seizures Other, spee have an any vaccines, over	rges preathing topped b (turned l s or convecify: ny other	MEDI e provide	CAL der  ag) ay) s tion(s	HIST  ☐ Me  ions?	mention	Unknow		<b>Y</b> [] [] [] [] [] [] [] [] [] [] [] [] []
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, usual didicipated in the 72 hours prior to death, was the integration in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies).	nfant have Unknown	Doctors Fami e: No ured or e infant prescripti	Yes   h)     j)     k)     n)     did s/he	Other he Other:  Diarrhea Stool char Difficulty & Apnea (so Cyanosis Seizures Other, spee have an any vacce	rges preathing topped b (turned l s or convecify: ny other	MEDI e provid preathir blue/gra vulsions c condit	CAL der ag) ay) tion(s	) not ions?	mention	record  Unknow	iven/	<b>Y</b> [ ] [ ] [ ] [ ] [ ]
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration in the 72 hours prior to death, did the integration in the 72 hours prior to death, usual didicipated in the 72 hours prior to death, was the integration in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies, herbal medicipated in the 72 hours prior to the infants deat (Please include any home remedies).	infant inju	Doctors Famile:  No N	Yes   h)     j)     k)     n)     did s/he	Other he Other:  Diarrhea Stool char Difficulty It Apnea (see Cyanosis Seizures Other, spee have an any vaccines, over tate given	rges preathing topped b topped b s or convectify: ny other	MEDI e provid preathir blue/gra vulsions c condit	cal der der dication approx	) not ions?	mention	Unknow  Unknow  Oned?	iven/	<b>Y</b> [ [ ] [ ] [ ] [ ]
Source of medical information:  Mother/primary caregiver  In the 72 hours prior to death, did the integration of the infants deat (Please include any home remedies, herbal medical integration of the int	infant inju	Doctors Fami e: No ured or e infant orescripti	or	Other he Other:  Diarrhea Stool char Difficulty It Apnea (see Cyanosis Seizures Other, spee have an any vaccines, over tate given	rges preathing topped b topped b s or convectify: ny other	MEDI e provid preathir blue/gra vulsions c condit	cal der der dication approx	) not ions?	mention	Unknow  Unknow  Oned?	iven/	<b>Y</b> (

t any time in the infant's life, did s/he have a histo			ANI	MIED	DICAL HISTORY (cont.)
	ory of?				
	Unknown	No	Yes	Disc	cribe:
Allergies (food, medication, or other)				⇒	
) Abnormal growth or weight gain/loss				⇒	
Apnea (stopped breathing)				⇒	
) Cyanosis (turned blue/gray)				⇒	
) Seizures or convulsions				⇒	
Cardiac (heart) abnormalities				⇒	
) Metabolic disorders				⇒	
) Other				⇒	
id the infant have any birth defects(s)?	☐ No	)	Y	es	
escribe:					
) Reason for visit  Action taken			<u> </u>		
Action taken					
) Physician's name			—		
) Hospital/clinic			— ·		
Address			<u> </u>		
			— ·		
City, ZIP				1	-
) City, ZIP  ( ) -				(	<del>-) -</del>
) City, ZIP ) Phone number ( ) - irth hospital name:				(	
) City, ZIP  ) Phone number  ( ) -  irth hospital name:  treet				Ctata	
City, ZIP  Phone number  irth hospital name:  treet  ity				State	zip
City, ZIP  Phone number  irth hospital name:  treet  ity  ate of discharge  / /				State	
) City, ZIP  ) Phone number  irth hospital name:  treet  ity  ate of discharge  / /  Month Day Year				State	
City, ZIP  Phone number  irth hospital name:  treet  ity  ate of discharge  / / / Month Day Year  //hat was the infant's length at birth?	inches			State	ZIP centimeters
) City, ZIP  ) Phone number  irth hospital name:  treet  ity  ate of discharge  / /  Month Day Year	inches pounds				
City, ZIP  Phone number  irth hospital name:  treet  ity  ate of discharge  / / / Month Day Year  //hat was the infant's length at birth?	pounds	or lat	ou	or _	centimeters
City, ZIP  Phone number  irth hospital name:  treet  ity  ate of discharge  / / / Month Day Year  //hat was the infant's length at birth?  //hat was the infant's weight at birth?	pounds		ou :e?	or _ nces _	centimeters

14	Are there any alerts to pathologist? (previous infant deaths in family, newborn screen results)										
	□ No	☐ Yes ⇔Specify:									

☐ Yes 
☐ Describe the complications:

☐ No

INF			DV	4-1	СТ	$\frown$	-7	•
шиг	4 N I	וע	4 TX T	п	ЭΙ	u		г

Month Day Year		Military		Time	_			
What is the name of the person who last fed the	infant?	í						
What is his/her relationship to the infant?								
What foods and liquids was the infant fed in the								
-		•	e iasi	•	Cno	oifu (tumo ou	ad brand	if annlia
a) Breast milk (one/both sides, length of time)	Unknown	No Yes	⇨	Quantity	•	cify: (type ar		
, , , , , , , , , , , , , , , , , , , ,			→					
b) Formula (brand, water source - ex. Similac, tap water)			⇒					
c) Cow's milk			⇒					
d) Water (brand, bottled, tap, well)			⇒					
e) Other liquids (teas, juices)			→		_ ounces			
f) Solids			⇒					
g) Other  Was a new food introduced in the 24 hours prior			4					
Was the infant last placed to sleep with a bottle?	·							
	ı							
Man the heattle was and of a shinet was of the heat	hottle wh	ila infant faar						
Was the bottle propped? (i.e., object used to hold								
No								
	prop the	bottle?						
☐ No ☐ Yes ➡ What object was used to	prop the	bottle?						
☐ No ☐ Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the	prop the bottle?	bottle?	E	ating solid f	oods	Not durir	ng feedi	_
No Yes ⇒ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur	prop the bottle? Bot mental c	bottle?tle-feeding	☐ E	ating solid for	oods	Not durir	ng feedi	•
No Yes ⇒ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? Breast-feeding Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)	prop the bottle? Bot mental c	bottle?tle-feeding	☐ E	ating solid for	oods	Not durir	ng feedi	_
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No Yes ➡ What object was used to What was the quantity of liquid (in ounces) in the Did death occur during? ☐ Breast-feeding  Are there any factors, circumstances, or environ been identified? (ex. exposed to cigarette smoke or fur supports or wedges)	prop the bottle? Bot mental c	bottle?tle-feeding	☐ E	ating solid for the solid for the solid format unusually	ted the int	Not during that he with posit	ng feedi	•
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No       Yes ⇒ What object was used to         What was the quantity of liquid (in ounces) in the         Did death occur during?       Breast-feeding         Are there any factors, circumstances, or environ         been identified? (ex. exposed to cigarette smoke or fur supports or wedges)         No       Yes ⇒ Discribe concerns:         Information about the infant's birth mother:	prop the bottle? Bot mental comes at som	tle-feeding concerns that neone else's he	Ent may	Eating solid for the have impact of the hard unusually presented by the hard presented b	oods ted the inthe heavy, place	Not during fant that had with posite	ng feedi ave not ional	yet
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					PREGNANC	CY HIST	ORY	(con	nt.)
During her pregnancy with the idea. high blood pressure, bleeding, ge			logic	al mother have any	/ complication	s?			
□ No □ Yes ⇒ Specify									
Was the biological mother injur	ed during h	er pre	gnan	cy with the infant?	(ex. auto accid	dent, falls)			
□ No □ Yes ⇒ Specify									
During her pregnancy, did she u	use anv of tl	he fol	lowin	ıa?					
3 × p × 3 × × 3, × × × ×	Unknown			Daily consumption		Unknown	No	Yes	Daily consum
a) Over the counter medications					d) Cigarettes				•
b) Prescription medications					e) Alcohol				
c) Herbal remedies					f) Other				
Currently, does any caregiver u	se any of th	e foll	owing	g?					
	Unknown	No	Yes	Daily consumption		Unknown	No	Yes	Daily consun
a) Over the counter medications					d) Cigarettes				
b) Prescription medications					e) Alcohol				
c) Herbal remedies				_	f) Other				
				INC	CIDENT SC	ENE INV	ESTI	GAT	ION
Where did the incident or death	occur?								
Was this the primary residence	?			□ Yes □ N	No				
Is the site of the incident or dea		davca	re or		ttina?				
io tilo cito ci tilo illolacili ci acc	000110 u .	uu, oo							
□ ves □ No ⇔	Skip to ques	tion <u>8</u>			9				
163	Skip to ques		belov	V	_	th?		lunde	er 18 vears or c
How many children were under t	the care of th	he pro	belov ovide	v r at the time of the in	ncident or dea			(unde	er 18 years or c
How many children were under the How many adults were supervised.	the care of the	he pro	belov ovider o)?	r at the time of the in	_			(unde	er 18 years or o
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Peeling paint

Describe the general appearance of incident scene: (ex. cleanliness, hazards, overcrowding, etc.)

Rodents or vermin

Dampness

Visible standing water

Presence of drug paraphenalia

Other ⇒Specify \_

1			tances, or environmental not yet been identified?		STIGATION SUMMARY	at may have
2	Arrival tin		ent at scene: : Military Tir	DSI at scene: _	: Infant at hospita	al: : Military Time
lnv	estigator					
	Addit  Mate		e logged Referral otification 911 tape	on differ?	tion Photos or video ta EMS run sheet/rep	oort
1-					STIGATION DIAGRAMS	
1	Scene Dia	agram:		Body Diagra	ım:	
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## **SUMMARY FOR PATHOLOGIST** Investigator Information: Name Agency Phone Case Informatiom Investigated: Pronounced Dead: Day Military Time Military Time Infant's Information: Last First M. Case # Sex: Male Female Date of Birth Month Day Year Months Race: White Black/African Am. Asian/Pacific Islander Am. Indian/Alaskan Native Hispanic/Latino Other 1 Indicate whether preliminary investigation suggests any of the following: Sleeping Environment Yes Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water) Sharing of sleeping surface with adults, children, or pets Change in sleeping condition (ex. unaccustomed stomach sleep position, location, or sleep surface) Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments) Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices) Unsafe sleeping conditions (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding) Diet (e.g., solids introduction etc.) Recent hospitalization Previous medical diagnosis History of acute life-threatening events (ex. apnea, seizures, diffi culty breathing) History of medical care without diagnosis Recent fall or other injury History of religious, cultural, or ethnic remedies Cause of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth) Family Info Prior sibling deaths Previous encounters with police or social service agencies Request for tissue or organ donation Objection to autopsy Pre-terminal resuscitative treatment Death due to trauma (injury), poisoning, or intoxication Suspicious circumstances Other alerts for pathologist's attention Investigator Insight Any "Yes" answers should be explained and detailed. Brief description of circumstances:

Pathologist Information:

**Pathologist** 

Name _			Agency			 
Phone (	)	_	Fax (	)	_	